CARBON COUNTY EMPLOYEES MIKE BALLARD MEMORIAL GOLF TOURNAMENT FUNDING REQUEST APPLICATION

NINTH ANNUAL EVENT, JUNE 9, 2018

| DATE | | | |
|--|---|--|--|
| The intention of the employees of Carrecipient must be located in or be a reseannot issue a check to an individual Carbon County Building, located at 75 | sident of Carbon County. al. Return application to | Transfer of funds must the Carbon County Hun | be to an entity or trust. We nan Resources Office in the |
| TYPE OF ORGANIZATION (Check C | • | (3) Trust | |
| NAME OF INDIVIDUAL OR ORGAN | NIZATION | | |
| ADDRESS | | | |
| CITY | STATE | | _ ZIP |
| PHONEFA | X | E-MAIL | |
| IS YOUR ORGANIZATION PART OF (NAME OF FUND RAISER AND/OR IF YES, NAME OF ENTITY: | CARBON RECREATION | ON FUND RAISER) | |
| In addition to this application, please pr | rovide the following: | | |
| 1. A letter describing your need a | and specifically how you | intend to use the funds, i | f awarded. |
| 2. If you are a charity, please pro | ovide a copy of your 501(o | c) (3) letter or other tax e | exempt document. |
| 3. If you are asking the money go | o to a trust, please provide | e bank and deposit inform | mation. |
| *PLEASE NOTE, MONEY COLL AWARDED AT THE SECOND AUG | | | ART UP FEE WILL BE |
| | <u>CERTIFICAT</u> | <u>ION</u> | |
| I,Name | , on behalf of | | Organization |
| | | | Ç |
| hereby state and affirm that the information knowledge and that any funding receipurposes stated herein. | | | |
| | Signature of Individ | dual or Organization | |